

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MINNESOTA

In re:

Diocese of Duluth,

Debtor-in-Possession.

Case No.: 15-50792

Chapter 11

**NOTICE OF THE TIME FOR TIMELY FILING PROOFS OF CLAIMS RELATING
TO, OR ARISING FROM, SEXUAL ABUSE**

**THIS IS AN IMPORTANT NOTICE.
YOUR RIGHTS MIGHT BE AFFECTED.**

**TO ALL PERSONS WITH CLAIMS ARISING FROM SEXUAL ABUSE FOR WHICH
THE DIOCESE OF DULUTH MAY BE LIABLE:**

**MAY 25, 2016 IS THE LAST DATE TO TIMELY FILE PROOFS OF CLAIMS FOR
SEXUAL ABUSE**

On December 7, 2015 The Diocese of Duluth filed a voluntary petition for relief under Chapter 11 of Title 11 of the United States Code in the United States Bankruptcy Court for the District of Minnesota. The debtor's address, the case number, proof of claim forms and other relevant information related to this Chapter 11 case may be obtained at <http://www.dioceseduluth.org>. Individuals have asserted sexual abuse claims against the Diocese, on account of alleged actions by people associated with the Diocese. Any person who believes that he or she has, or may have, a claim arising from sexual abuse as that term is defined in Minnesota Statutes §541.073(1), molestation, rape, undue familiarity, sexually-related physical, psychological or emotional harm, or contacts or interactions of a sexual nature between a child and an adult, or a non-consenting adult and another adult for which such persons believe that the Diocese may be liable should carefully read this notice.

**YOU SHOULD CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS,
INCLUDING WHETHER YOU SHOULD FILE A PROOF OF CLAIM.**

LAST DATE FOR TIMELY FILING

The United States Bankruptcy Court for the District of Minnesota entered an order establishing **May 25, 2016**, as the last date for each Sexual Abuse Claimant to timely file a proof of claim. The Claim Filing Deadline and the procedures set forth below for Sexual Abuse Proof of Claim Forms apply to all Sexual Abuse Claims against the debtor, based upon alleged acts of sexual abuse occurring prior to December 7, 2015.

WHO SHOULD FILE

If you believe that you have a Sexual Abuse Claim, you should file a Sexual Abuse Proof of Claim to maintain and preserve any claims that you have against the debtor. Even if you have already filed a lawsuit against the debtor alleging sexual abuse prior to December 7, 2015, you should still file a Sexual Abuse Proof of Claim Form to maintain and preserve your rights in the debtor's Chapter 11 case.

WHO SHOULD NOT FILE

You should not file a Sexual Abuse Proof of Claim Form if:

Your Sexual Abuse Claim has already been paid in full;

You do not have a claim against the debtor.

WHAT TO FILE

**FILE A SEXUAL ABUSE PROOF OF CLAIM FORM, A COPY OF WHICH IS
ENCLOSED. YOU MAY ALSO OBTAIN A COPY OF THE SEXUAL ABUSE PROOF
OF CLAIM FORM BY FOLLOWING THE INSTRUCTIONS BELOW:**

PROCEDURES FOR FILING A SEXUAL ABUSE PROOF OF CLAIM FORM

To file a Sexual Abuse Proof of Claim Form, take the following steps:

Fill out the Sexual Abuse Proof of Claim Form in its entirety.

For additional copies of the Sexual Abuse Proof of Claim Form: (a) photocopy the Sexual Abuse Proof of Claim Form; (b) contact the debtor between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Central Time), Monday through Friday; (c) visit the debtor's website at: <http://www.dioceseduluth.org>; or (d) visit the website of United States Bankruptcy Court for the District of Minnesota at <http://www.mnb.uscourts.gov/>

Please note that the Court's Clerk staff is not permitted to give legal advice. You should consult your own attorney for assistance regarding any such inquiries.

Return the completed original Sexual Abuse Proof of Claim Form to the U.S. Bankruptcy Court Clerk at the address set forth below by the Claim Filing Deadline. Sexual Abuse Proof of Claim Forms will be deemed timely filed only if they are **actually received** by the Clerk of Court by **May 25, 2016**.

If you are returning a Sexual Abuse Proof of Claim Form by mail, allow sufficient mailing time so that the Sexual Abuse Proof of Claim Form is received on or before **May 25, 2016**. Sexual Abuse Proof of Claim Forms that are postmarked before that date, *i.e.*, the Claim Filing Deadline, but which are received by the Clerk of the Court after the Claim Filing Deadline, will be considered tardy.

Sexual Abuse Proof of Claim Forms should be delivered to the following address:

Clerk of Court
U.S. Bankruptcy Court District of Minnesota
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415
Attention: Heidi

CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM

There may be consequences for failing to file a claim. Please consult your attorney.

CONFIDENTIALITY

Filed Sexual Abuse Proof of Claim Forms will remain confidential in this bankruptcy case, unless you elect otherwise in Part 1 of the Sexual Abuse Proof of Claim Form. Therefore, the Sexual Abuse Proof of Claim Form that you file will not be available to the general public, but will be kept confidential, except that information will be provided to the debtor, the United States Trustee for the District of Minnesota, the debtor's insurers, attorneys for the official committee of unsecured creditors and its members, any future claims representative appointed under a plan of reorganization, any settlement trustee appointed to administer payments to Sexual Abuse Claimants, prison authorities for incarcerated Sexual Abuse Claimants and such other persons as the court determines should have the information in order to evaluate the Sexual Abuse Claim, all of whom will agree to keep the information provided by you confidential.

Dated: January 12, 2016

Exhibit A – Sexual Abuse Proof of Claim Form

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MINNESOTA

In re:

Case No.: 15-50792

Diocese of Duluth,

Chapter 11

Debtor-in-Possession.

SEXUAL ABUSE PROOF OF CLAIM

IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN
MAY 25, 2016

Carefully read the instructions included with this SEXUAL ABUSE PROOF OF CLAIM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the original to the U.S. Bankruptcy Court Clerk at the following address: Office of the Clerk of Court, U.S. Bankruptcy Court District of Minnesota, 301 U.S. Courthouse, 300 South Fourth Street, Minneapolis, MN 55415 Attention: Heidi.

**THIS PROOF OF CLAIM IS FOR CLAIMANTS OF SEXUAL ABUSE ONLY.
YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

A sexual abuse claim includes any claim arising from sexual abuse as that term is defined in Minnesota Statutes § 541.073(1), as well as from molestation, rape, undue familiarity, sexually-related physical, psychological or emotional harm, or contacts or interactions of a sexual nature between a child and an adult, or a non-consenting adult and another adult for which such persons believe that the Diocese may be liable.

TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT IS DECEASED OR INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S REPRESENTATIVE OR THE ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S PARENT OR LEGAL GUARDIAN, OR THE SEXUAL ABUSE CLAIMANT'S ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT DIES AFTER THE SUBMISSION OF THIS FORM, BUT BEFORE THE CLAIM IS RESOLVED, NOTIFICATION OF THE DEATH MUST BE PROVIDED TO THE COURT AT THE ADDRESS ABOVE.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 and 3571.

UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD. HOWEVER, INFORMATION IN THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED CONFIDENTIAL GUIDELINES TO COUNSEL FOR THE COMMITTEE OF UNSECURED CREDITORS, AND OTHER COURT-APPROVED THIRD PARTIES IN ORDER TO EVALUATE THE CLAIM.

YOUR PROOF OF CLAIM MAY BE DISPUTED OR HONORED IN WHOLE OR IN PART. THE DEBTOR RESERVES THE RIGHT TO OBJECT OR TO ASSERT OFFSETS OR DEFENSES AGAINST ANY FILED PROOF OF CLAIM FORM

PART 1: CONFIDENTIALITY

THIS SEXUAL ABUSE PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW.

- I want my Proof of Claim (along with any accompanying exhibits and attachments) to be kept **confidential**.
- I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made **public**.

Please verify this election by signing directly below.

Signature: _____

Print Name: _____

PART 2: IDENTIFYING INFORMATION

A. Sexual Abuse Claimant

First Name	Middle Initial	Last Name	Jr/Sr/III
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Mailing Address (If Party is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim. If you are in jail or prison, your current address.)

City	State/Prov.	Zip Code (Postal Code)	Country (if other than USA)
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Telephone No(s):

Home: _____ Work: _____ Cell: _____

Email address: _____

If you are in jail or prison, your identification number: _____

May we leave voicemails for you regarding your claim: Yes No

May we send confidential information to your email: Yes No

Birth Date: _____ Male Female
Month Day Year

Last Four Digits of Social Security Number: XXX-XX-_____

Any other name(s) or alias(es) by which the Sexual Abuse Claimant has been known:

B. Sexual Abuse Claimant's Attorney (if any. Do not list counsel for the Debtors or the Official Creditors Committee):

Law Firm Name

Attorney's First Name Middle Initial Last Name

Street Address

City	State/Prov.	Zip Code (Postal Code)	Country (if other than USA)
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Telephone No.	Fax No.	E-mail address
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PART 3: BACKGROUND INFORMATION

1. Are you currently married?

Yes No (If "Yes," please identify the name of your spouse and marriage date.)

2. Have you previously been married?

Yes No (If "Yes," please identify your former spouse and, as applicable, the date(s) of any dissolution, divorce, separation or widowhood.)

3. Do you have children?

Yes No (If “Yes,” please identify their names and birthdates. If any children have died, please provide their date of death.)

4. What schools have you attended? For each school, please identify the months and years of your attendance. If you cannot recall the exact months when you began or ended each school year, please identify the season (fall, winter, spring, summer).

5. Have you received a diploma or degree from any of the schools listed above?

Yes No (If “Yes,” please identify each diploma or degree that you received and the year you received it.)

6. Have you served in the armed forces?

Yes No (If “Yes,” please identify the branch of service, the dates you served and, if you have been discharged, the type of discharge you received.)

7. Are you currently employed?

Yes No (If “Yes,” please identify the name of the organization where you are employed, the date that your employment began and your job title.)

8. What is your employment history? Please provide the following information about each place you have previously been employed: (i) the name of the organization where you were employed; (ii) the dates of employment; (iii) your job title(s); and (iv) your reason for leaving the place of employment.

9. Have you been self-employed?

Yes No (If "Yes," please provide your job responsibilities and any business name you used. Please also provide the dates of this business.)

10. Are you retired?

Yes No (If "Yes," when did you retire?)

11. Part 4 below will ask you about the nature of your complaint against the Diocese of Duluth. Other than the incident(s) of sexual abuse described in Part 4, have you ever been sexually abused by anyone else? If "Yes," please describe this abuse, including the date of the abuse and the identity of the abuser.

PART 4: NATURE OF ABUSE
(Attach additional separate sheets if necessary)

NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DEBTOR IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT, OR IF THE COMPLAINT DOES NOT CONTAIN

ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.

1. Who committed each act of sexual abuse?

2. What is the position, title or relationship to you of the abuser or individual who committed these acts?

3. Where did the sexual abuse take place? Please be specific and complete all relevant information that you know, including the City and State, name of the parish, school (if applicable) and/or the names of any other location.

4 When did the sexual abuse take place?

a. Please be as specific as possible. If you can, please indicate the day, month and year. If you cannot recall the month, please try to recall the season of year (fall, winter, spring summer).

b. If you were sexually abused on more than one occasion, please state when the abuse started, when it stopped, and how many times it occurred.

c. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse took place.

5. Please describe in as much detail as possible the nature of the sexual abuse. What happened?

6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, the Diocese of Duluth, attorneys, counselors, and law enforcement authorities)?

a. If "Yes," who did you tell? Please list the name(s) and any contact information you have.

b. What did you say?

c. When did you tell this person or persons about the abuse?

d. If you know, what did the person or persons do in response?

7. Were there any witnesses? If so, please list their name(s) and any contact information you have, including addresses.

8. Do you personally know or have reason to believe that the Diocese of Duluth knew that your abuser was abusing you or others before or during the period when such abuse occurred? If "Yes", please provide all information that supports your conclusion, including the information requested in items 8(a) through 8(e) below.

a. Who at the Diocese knew that your abuser was abusing you or others?

b. How did such person or persons at the Diocese learn this information? For example, did you report the abuse to someone from the Diocese? Did someone else tell you they reported it to someone from the Diocese? Did someone from the Diocese witness the abuse?

c. When did such person or persons at the Diocese learn this information?

d. What exactly was the person or persons from the Diocese told or what exactly did they observe?

e. How did you come to have the information you provided in response to the questions above?

PART 5: IMPACT OF ABUSE

(Attach additional separate sheets if necessary)

1. What injuries have occurred to you because of the act or acts of sexual abuse that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

2. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

PART 6: ADDITIONAL INFORMATION

1. Prior Non-Bankruptcy Claims: Have you previously filed any lawsuit seeking damages for the sexual abuse described in this claim? Yes No (If “Yes” please answer the questions below.)

a. Where and when did you file the lawsuit?

b. Who were the parties to the lawsuit and what was the case number?

c. What was the result of that lawsuit?

2. Prior Bankruptcy Claims: Have you filed any claims in any other bankruptcy case relating to the sexual abuse described in this claim?

Yes No (If “Yes,” you are required to attach a copy of any completed claim form.)

3. Any Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim or demand relating to the sexual abuse described in this claim?

Yes No (If “Yes,” please describe, including parties to the settlement. You are required to attach a copy of any settlement agreement.)

4. Bankruptcy: Have you ever filed bankruptcy? Yes No (If "Yes," please provide the following information:

Name of Case: _____ Court: _____

Date Filed: _____ Case No.: _____

Chapter: 7 11 12 13 Name of Trustee) _____

Date: _____

Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Signature: _____

Print Name: _____

Title: _____

Exhibit B - Sexual Abuse Claim Filing Deadline Notice

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MINNESOTA

In re:

Diocese of Duluth,

Debtor-in-Possession.

Case No.: 15-50792

Chapter 11

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on January 12, 2016, and pursuant to the Order Granting Motion for Expedited Relief; Establishing Deadlines for Filing Proofs of Claim; Approving Proof of Claim Forms; Approving Form and Manner of Notice Thereof; and Approving Confidentiality Procedures [Docket No. 35]; I served Exhibit A - Sexual Abuse Proof of Claim Form, and Exhibit B - Sexual Abuse Claim Filing Deadline Notice, on the following parties via United States mail, first-class postage prepaid, and via email:

Known Sexual Abuse Claimants through
their counsel:

Jeff Anderson & Associates PA
Jeff Anderson
366 Jackson St Ste 100
St Paul, MN 55101
jeff@andersonadvocates.com

Robert Raschke
Office of The United States Trustee
300 South Fourth Street, Suite 1015
Minneapolis, MN 55402
robert.raschke@usdoj.gov

DATED this 13th day of January, 2016.

/s/ Bruce A. Anderson
Bruce A. Anderson